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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE *JD*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE *JD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 9	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not after Allowance	Verified and Acknowledged <i>JD</i> Examiner's Signature	Initials <i>JD</i>		

ADDRESS

1933  
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TITLE

Multi-level sorter/organizer with optional intermediate compartment

FILING FEE RECEIVED 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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